

TRAFFIC ACCIDENT REPORT	INCIDENT NUMBER	REPORT NUMBER	REPORT TYPE
	27SEP19-39KH-00525-14DMA	190230100525 VERSION 1	INITIAL

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 and EO 9397
PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.
ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.
DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

ADMINISTRATIVE

Incident Subject : Multiple Motor Vehicle Collision GOV-POV

Date Received 27-SEP-2019	Time Received 0830	Incident Received By Telephone	Start Date / Time of Incident 27-SEP-2019 0825	End Date / Time of Incident 27-SEP-2019 0825
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Type of Accident Vehicle-Vehicle	Number Vehicles Involved 2	Severity 0 Number Killed 0 Number Injured No Property Damage
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Weather : Clear **Lighting :** Daylight

LOCATION

On/Off Base On	Road or Street on Which Accident Occurred Harris Ave (21.442479, -157.743417)	City, State/Territory, Zip/Postal Code, Country MCBH Kaneohe Bay, HI 96863 USA
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107 Feet NE of Nearest Intersecting Street, Highway, or Other Permanent Landmark Identified as Building 1667

Kind of Locality : Highway/Road/Alley (includes street)

VEHICLE(S)

Vehicle # 1	Year 2016	Color Silver	Model FOCUS	Body Style Sedan (2DR/4DR)	Make FORD	Owner Name US GOVERNMENT
License Plate US Government / G134425	DOD Decal		Vehicle Identification Number (VIN) 1FADP3F23GL373913		Ownership Type US Federal Gov.	
Insurance Policy Number SELF INSURED		Insurance Company SELF INSURED			Insurance Expires On	

Other Identifying Marks : NONE

Traffic Control/Road Conditions

Driving Lanes : Two Lane	Character : Level, Straight
Surface : Blacktop	Conditions : Dry
Road Defects : No Defects	Traffic Control : Stop Sign

Contributing Circumstances and Driver Actions

Direction Headed : NE	Vehicle Defects :
Lawful Speed : 25	Estimated Speed at Impact :
Estimated Speed when Danger was First Noticed :	
Distance Traveled after Impact :	Estimated Distance when Danger was First Noticed :

Vehicle Damage

Severity of Damage : Functional Damage	Areas Damaged : 1 - Front Right
Towed By : RELEASED TO DRIVER	Towed To : N/A

Vehicle # 2	Year 2013	Color Brown	Model CROSSTOUR	Body Style SUV	Make HONDA	Owner Name (b) (6), (b) (7)(C)
License Plate Hawaii / TCF977	DOD Decal T7991357		Vehicle Identification Number (VIN) (b) (6), (b) (7)(C)		Ownership Type Private/Personal	
Insurance Policy Number (b) (6), (b) (7)(C)		Insurance Company USAA			Insurance Expires On 25-NOV-2019	

Other Identifying Marks :

Traffic Control/Road Conditions				
Driving Lanes : Two Lane		Character : Level, Straight		
Surface : Blacktop		Conditions : Dry		
Road Defects : No Defects		Traffic Control : No Traffic Signal		
Contributing Circumstances and Driver Actions				
Direction Headed : N		Vehicle Defects :		
Lawful Speed :	Estimated Speed at Impact :	Estimated Speed when Danger was First Noticed :		
Distance Traveled after Impact :	Estimated Distance when Danger was First Noticed :			
Vehicle Damage				
Severity of Damage : Functional Damage		Areas Damaged : 9 - Left Rear Door		
Towed By : RELEASED TO DRIVER		Towed To : N/A		
DRIVER(S)				
DRIVER #1			Vehicle 1	
Name		ID Num	Rank	
(b) (6), (b) (7)(C)				
Branch of Service	Personnel Type	Status	Date of Birth	Place of Birth
Marine Corps	CIVILIAN	RETIRED MILITARY	(b) (6), (b) (7)(C)	
Home Telephone			Work Telephone	
(b) (6), (b) (7)(C)			(808) 257-1830	
Address				
(b) (6), (b) (7)(C)				
Organization			UIC / RUC	
MOBH RANGE			02301	
Drivers License		Limitations on License	Driving Experience	
(b) (6), (b) (7)(C) USA		None		
Seat Belt Use	Seat Occupied	Chemical Test Given	Chemical Test Refused	BAC PCT
	1	No	No	
Injury Type(s):				
Contributing Circumstances and Driver Actions				
Citation Number		Driver Actions		
		Making Left Turn		
DRIVER #2			Vehicle 2	
Name		ID Num	Rank	
(b) (6), (b) (7)(C)				
Branch of Service	Personnel Type	Status	Date of Birth	Place of Birth
Coast Guard	MILITARY	Regular (Active)	(b) (6), (b) (7)(C)	
Home Telephone			Work Telephone	
(b) (6), (b) (7)(C)				
Address				
(b) (6), (b) (7)(C)				
Organization			UIC / RUC	
SP (b) (6), (b) (7)(C)				
Drivers License		Limitations on License	Driving Experience	
(b) (6), (b) (7)(C) USA		None		
Seat Belt Use	Seat Occupied	Chemical Test Given	Chemical Test Refused	BAC PCT
Both Used	1	No	No	
Injury Type(s):				
Contributing Circumstances and Driver Actions				
Citation Number		Driver Actions		
		Going Straight Ahead		
OCCUPANTS(S)				
PEDESTRIAN(S)				
COMPLAINANT(S)				
OFFENSE(S)				

PROPERTY			
PROPERTY - NARCOTIC(S)			
WITNESS(S)			
VICTIMS(S)			
SPONSOR(S)			
SUSPECT(S) / ARRESTEE(S)			
ADDITIONAL POLICE OFFICERS			
NARRATIVE			
<p>At 0825, 27 September 2019, PMO was notified via telephone, of a Motor Vehicle Collision (GOV-POV) which had occurred on Harris Ave adjacent to building 1667, MCBH Kaneohe Bay HI 96863. This is located in the special maritime and territorial jurisdiction of the United States.</p> <p>Statements: Driver-1 (b) (6), (b) (7)(C) provided me with a verbal statement essentially relating the following: I was turning left onto Harris Ave after grabbing a water from the gas station and didn't see Vehicle-2 (b) (6), (b) (7)(C) traveling on Harris.</p> <p>Investigation: Investigation revealed Driver-1 made a left turn on Harris Ave. Driver-1 failed to observed and yield the right of way to Vehicle-2, which was traveling north on Harris Ave. As a result, the front right bumper of Vehicle-1 collided with the rear left door of Vehicle-2. Vehicles were moved from final rest upon my arrival on scene.</p> <p>Damage: Vehicle-1 sustained damage consisting of, but not limited to a cracked front right head light, scratches and scuffs to the front right bumper.</p> <p>Vehicle-2 sustained damage consisting of, but not limited to scratches, scuffs, dents, to the rear left door.</p> <p>Citations: Driver-1 was issued (1) DD Form 1408 (F1217189) for Failure to Yield.</p>			
ENCLOSURE(S)			
ENCL #	DESCRIPTION		
1	Photograph Log (5 Pages)		
2	Standard Form 91		
3	Copy of DD Form 1408 F1217189		
REPORTING/APPROVING OFFICIALS			
Reporting Official (b) (6), (b) (7)(C) Accident Investigator	Date 02-OCT-2019	Approving Official (b) (6), (b) (7)(C) Accident Investigations Chief	Date 02-OCT-2019 FINAL APPROVED ON 02-OCT-2019
DISTRIBUTION			
Referred To/Assumed By :			
Distribution :			

Photo-1: Front right profile of Vehicle-1, new damage circled.



Photo-2: Rear left profile of Vehicle-1.



Photo-3: Front left profile of Vehicle-2,.



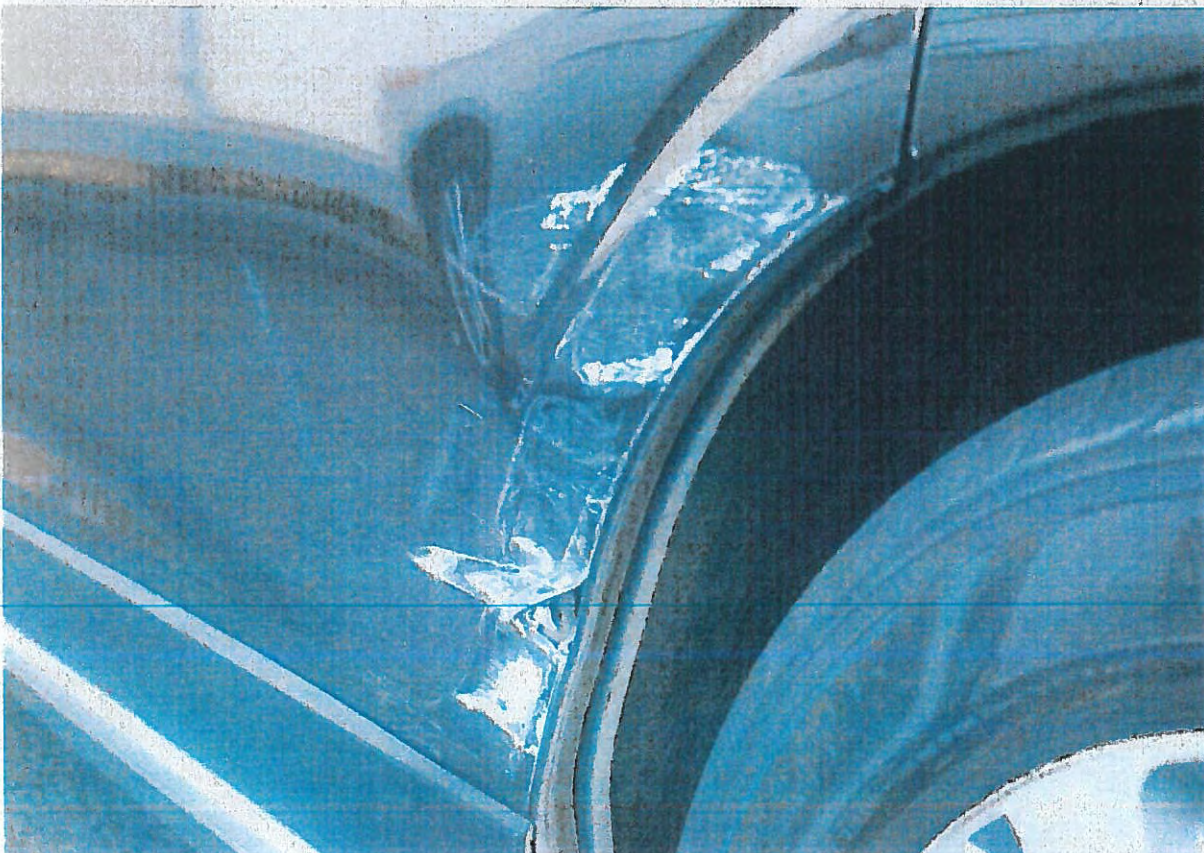
Photo-4: Rear right profile of Vehicle-2, new damage circle below.



Photo-5: Close up of Vehicle-1: sustained damage consisting of, but not limited to a cracked front right head light, scratches and scuffs to the front right bumper.



Photo-6: Close up of Vehicle-2: sustained damage consisting of, but not limited to scratches, scuffs, dents, to the rear left door.



MOTOR VEHICLE ACCIDENT REPORT

Please read the INSTRUCTIONS. Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 Privacy Act State- thru 82c are filled out by the operator's supervisor. Sections XI thru XII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.

SECTION I - FEDERAL VEHICLE DATA

1. DRIVER'S NAME (Last, first, middle) (b) (6), (b) (7)(C)		2. DRIVER'S LICENSE NO. STATE LIMITATIONS		3. DATE OF ACCIDENT 27 Aug 19
4a. DEPARTMENT FEDERAL AGENCY PERMANENT OFFICE ADDRESS Det MCBN, Range Control				4b. WORK TELEPHONE NUMBER
5. TAG OR IDENTIFICATION NUMBER 613 44315	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE 89	8. MAKE Ford	9. MODEL Ford
11. DESCRIBE VEHICLE DAMAGE Right front Bumper			10. SEAT BELTS USED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
			Government Plates: 61344325	

SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)

12. DRIVER'S NAME (Last, first, middle) (b) (6), (b) (7)(C)		13. DRIVER'S LICENSE NUMBER STATE (b) (6), (b) (7)(C)	
14a. DRIVER'S WORK ADDRESS None		14b. WORK TELEPHONE NUMBER ()	
15a. DRIVER'S HOME ADDRESS (b) (6), (b) (7)(C)		15b. HOME TELEPHONE NUMBER (b) (6), (b) (7)(C)	
16. DESCRIBE VEHICLE DAMAGE dent rear right door			
18. YEAR OF VEHICLE 13	19. MAKE OF VEHICLE Honda	20. MODEL OF VEHICLE Cross town	21. TAG NUMBER AND STATE TCF 977 1 HI
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS USAA			22b. POLICY NUMBER (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
			22c. TELEPHONE NUMBER ()
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input checked="" type="checkbox"/> PRIVATELY OWNED		24a. OWNER'S NAME(S) (Last, first, middle) SAME	
25. OWNER'S ADDRESS(ES)		24b. TELEPHONE NUMBER ()	

SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)

26. NAME (Last, first, middle) NSA		27. SEX	28. DATE OF BIRTH
29. ADDRESS			
A 30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	32. LOCATION IN VEHICLE
33. FIRST AID GIVEN BY			
34. TRANSPORTED BY		35. TRANSPORTED TO	
36. NAME (Last, first, middle)		37. SEX	38. DATE OF BIRTH
39. ADDRESS			
B 40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	42. LOCATION IN VEHICLE
43. FIRST AID GIVEN BY			
44. TRANSPORTED BY		45. TRANSPORTED TO	
a. NAME OF STREET OR HIGHWAY		b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO	
46. Pedestrian c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally, in roadway playing, walking, hitchhiking, etc.)			

SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)

47. DATE OF ACCIDENT 27 Sep 19
48. TIME OF ACCIDENT 0825 AM
49. PLACE OF ACCIDENT Harris Ave

50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

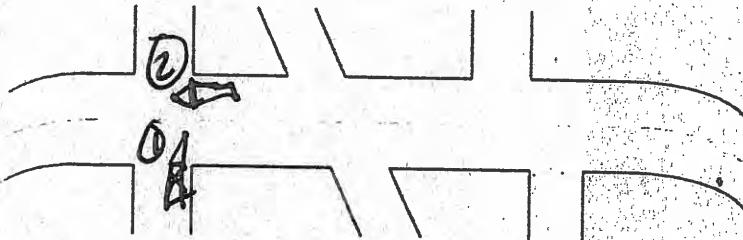
Example:

b. Use solid line to show path before accident and broken line after the accident

c. Show pedestrian by

d. Show railroad by

e. Place arrow in this circle to indicate NORTH



51. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
		a. FRONT
X		b. R. FRONT
		c. L. FRONT
		d. REAR
		e. R. REAR
	X	f. L. REAR
		g. R. SIDE
	X	h. L. SIDE

52. DESCRIBE WHAT HAPPENED (Refer to vehicles "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).

On 27 Aug 19, I was working my rounds, checking training sites and on my way back to the range I stopped at the gas station to put water in the windshield washer as the shift from the Range was over and I was out of water. Upon leaving the gas station I went to pull out on the Road to return to the Range and I looked and did not see any traffic, and when I pulled out by the yield sign I caught the left door of the other vehicle. I do not know where she came from.

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

53. NAME (Last, first, middle)	54. WORK TELEPHONE NUMBER	55. HOME TELEPHONE NUMBER
A	()	()
56. BUSINESS ADDRESS	57. HOME ADDRESS	
58. NAME (Last, first, middle)	59. WORK TELEPHONE NUMBER	60. HOME TELEPHONE NUMBER
B	()	()
61. BUSINESS ADDRESS	62. HOME ADDRESS	

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER	63c. HOME TELEPHONE NUMBER
	()	()
63d. BUSINESS ADDRESS	63e. HOME ADDRESS	
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER	64c. POLICY NUMBER
	()	
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST
		\$

SECTION VII - POLICE INFORMATION

68a. NAME OF POLICE OFFICER Accident Investigator:	68b. BADGE NUMBER (b) (6), (b) (7)(C)	68c. TELEPHONE NUMBER (808) 257-6987
69. PRECINCT OR HEADQUARTERS MCBH PMO Accident Investigations	70a. PERSON CHARGED WITH ACCIDENT (b) (6), (b) (7)(C)	70b. VIOLATION(S) Failure to yield

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USAPPC V1.00

ENCLOSURE (2)

190230100526

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

She told me that she looked over shoulder to see if there was anything coming and I did not see any.

SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER

(b) (6), (b) (7)(C)

71b. DRIVER'S SIGNATURE AND DATE

(b) (6), (b) (7)(C)

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN

Rm 1000 Bldg 1584

73. DESTINATION

Boon Dock

74. EXACT PURPOSE OF TRIP

Checking training sites

75. TRIP BEGAN

DATE

27 Sept 19

TIME (Circle one)

0745

a.m.
p.m.

76. ACCIDENT OCCURRED

DATE

27 Sept 19

TIME (Circle one)

0825

a.m.
p.m.

77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR

☒ ORALLY ☐ IN WRITING (Explain)

78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE

☒ NO ☐ YES (Explain)

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS

☒ YES ☐ NO (Explain)

80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED.

☒ NO ☐ YES (Explain)

81. COMPLETED BY

a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY

DRIVER'S SUPERVISOR

☒ YES ☐ NO

b. COMMENTS

82a. NAME AND TITLE OF SUPERVISOR

(b) (6), (b) (7)(C)

82b. SUPERVISOR'S SIGNATURE AND DATE

(b) (6), (b) (7)(C)

82c. TELEPHONE NUMBER

(88) 257-2067

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ENCLOSURE (2)

190230100325

SECTION XI - ACCIDENT INVESTIGATION DATA

83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION? ☐ YES ☒ NO (If "Yes", explain below)

84. PERSONS INTERVIEWED

NAME		DATE	NAME		DATE
a.			c.		
b.			d.		

85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

86. REVIEWING OFFICIAL'S COMMENTS

For a copy of the PMO Traffic Accident Report, contact Freedom of Information Coordinator.

808-257-7712 8812

MCBH.G1.FOIA.FMB@USMC.mil

FAX: 808-257-3290

87. ACCIDENT INVESTIGATOR

a. SIGNATURE AND DATE

(b) (6), (b) (7)(C)

27 Aug 19

b. NAME (First, middle, last)

(b) (6), (b) (7)(C)

c. TITLE

Accident Investigator

d. OFFICE

MCBH PMO Accident Investigations

e. OFFICE TELEPHONE NUMBER

(808) 257-6987

(b) (6), (b) (7)(C)

88. REVIEWING OFFICIAL

a.

(b) (6), (b) (7)(C)

b.

(b) (6), (b) (7)(C)

c. TITLE

Traffic Chief

d. OFFICE

MCBH PMO Accident Investigations

e. OFFICE TELEPHONE NUMBER

(808) 257-6974

27 SEP 2019

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ENCLOSURE (2)

190230100525

ARMED FORCES TRAFFIC TICKET

WARNING
(See Remarks below)

NAME
(Last, First, Middle Initial)
X

The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.

1. NAME (Last, First, Middle Initial) **(b) (6), (b) (7)(C)**

2. RANK / GRADE **CIV**

3. DATE OF BIRTH **(b) (6), (b) (7)(C)**

4. SOCIAL SECURITY NO. **(b) (6), (b) (7)(C)**

5. ORGANIZATION OR ADDRESS **Range Control**

6. DRIVER LICENSE NUMBER **(b) (6), (b) (7)(C)**

7. ISSUING AUTHORITY (State or Military)

8. MAKE OR TYPE OF VEHICLE **Ford Taurus**

9. STATE OR BASE OR REGIS. NO. **HI / G1344325**

10. INSTL. TAG NO.

11. DATE (day-month-year) **21 Sep**

12. TIME **0821**

13. LOCATION **Harris Rd**

14. ☒ SPEED OVER LIMIT (mph in a mph zone)

15. ☒ IMPROPER LEFT TURN

16. ☒ IMPROPER RIGHT TURN

17. ☒ DISOBEYED TFC SIGNAL (When light turned red)

18. ☒ DISOBEYED STOP SIGN

19. ☒ IMPROPER PASSING AND LANE USAGE

20. ☒ FOLLOW TOO CLOSELY

21. ☒ FAILURE TO YIELD

22. ☒ OTHER VIOLATIONS (Describe)

23. ☒ PARKING

24. ☒ OVERTIME

25. ☒ DOUBLE PARKING

26. ☒ PROHIBITED AREA

27. ☒ AREA

28. ☒ TRAFFIC ACCIDENT

29. ☒ TYPE OF ACCIDENT:

30. ☒ PD

31. ☒ PI

32. ☒ FATAL

33. ☒ PEDESTRIAN

34. ☒ VEHICLE

35. ☒ HIT FIXED OBJ

36. ☒ RIGHT ANGLE

37. ☒ SIDESWIPE

38. ☒ REAR END

39. ☒ INTERSECTION

40. ☒ HEAD ON

41. ☒ RAN OFF ROAD

15. REMARKS **Failure to yield**

16. NAME OF PERSON ISSUING TRAFFIC TICKET **(b) (6), (b) (7)(C)**

17. ORGANIZATION AND INSTALLATION **MCBH, PMO**

18. RANK / GRADE **(b) (6), (b) (7)(C)**

DD Form 1408, DEC 87

Previous edition is obsolete.

Cost violator or appropriate civil agency **1**

190230100 525

ENCLOSURE (3)